

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 - 0 8

2. STATE:

WV

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.10

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ -0-

b. FFY 2001 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 2 to ATTACHMENT 3.1-A and 3.1-B  
Pages 3c and 3d  
ATTACHMENT 4.19-B, Page 8

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Supplement 2 to ATTACHMENT 3.1-A and  
3.1-B  
Pages 3c and 3d  
ATTACHMENT 4.19-B, Page 8

10. SUBJECT OF AMENDMENT:

Augmentative/Alternative Communication Devices

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*Elizabeth S. Lawton*

13. TYPED NAME:

Elizabeth S. Lawton

14. TITLE:

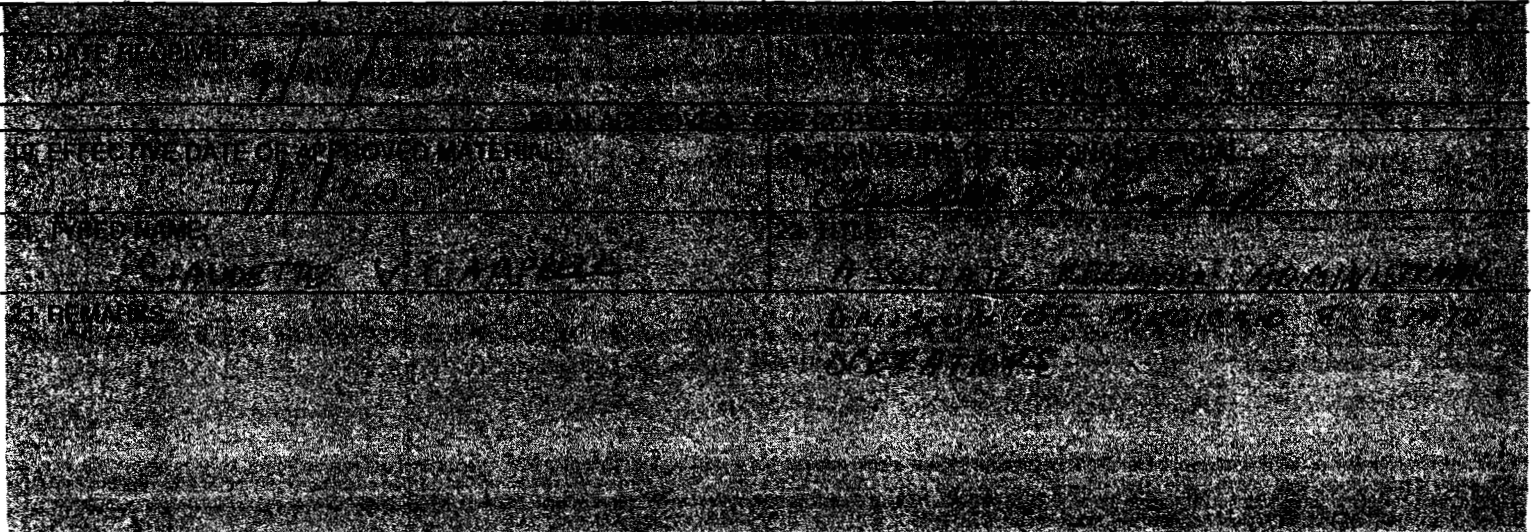
Commissioner

15. DATE SUBMITTED:

September 13, 2000

16. RETURN TO:

Elizabeth S. Lawton, Commissioner  
Bureau for Medical Services  
350 Capitol Street  
Room 251  
Charleston, WV 25301-3706



State West Virginia

Supplement 2 to  
ATTACHMENT 3.1-A and 3.1-B  
Page 3c

**Coverage of Augmentative/Alternative Communication Devices and Related Equipment**

Covered Augmentative/Alternative Communications device equipment includes the items listed below:

- (a) Operational Software
- (b) Speech synthesizer
- (c) Printer (if built in)
- (d) Battery Packs
- (e) Carrying Case
- (f) Purchase of a less costly device to communicate basic needs will be considered before consideration of adapted access software and speech synthesizer, and any other accessories necessary to adapt a pre-owned computer for use as an augmentative/assistive communication device if the device is a computer-based system. The most economical device that meets the individual basic medical needs will be purchased.
- (g) Basic vocabulary application package that will communicate the client's needs.
- (h) Access Device:
  - 1. Switch
  - 2. Switch mount
  - 3. Scanning indicator, optical indicator, head pointer, etc.
- (i) Mounting device to suspend system for use either on wheelchair or desktop
- (j) Overlay/multiple location configuration (plastic overlays used for training purposes)

TN No. 00-08  
Supersedes  
TN No. 96-04

Approval Date DEC 7 2000 Effective Date 7/1/00

State West Virginia

Supplement 2 to  
ATTACHMENT 3.1-A and 3.1-B  
Page 3d

**Non-Covered Augmentative/Alternative Communication Devices**

The following items are not medical in nature and are not covered by the Medicaid program:

- (1) Printers (unless a built-in component of an Augmentative/Alternative Communication Device as defined in this rule), printer paper, printer cables.
- (2) Environmental control devices.
- (3) Purchase of a new PC, repair or replacement of a previously owned PC or any related hardware.
- (4) Extended vocabulary software packages.

**Trial Use Period**

Up to a six-month trial rental period should be considered for all devices to assure that the chosen device is able to meet the recipient's medical needs. At the end of the trial rental period, if purchase of the device is recommended, documentation of the beneficiary's ability to use the device must be provided. Trial use rental is limited to one device per six-month period. Should the initial device be unsatisfactory to meet the basic medical needs of the beneficiary, other devices will be considered for trial use based on the written recommendation of the prescribing physician and speech language pathologist.

**Repair and Replacement**

Medicaid reimbursement for repairs is available for no more than one augmentative/assistive communication device per recipient.

12. a. **Prescribed Drugs**

All covered outpatient drugs, whether legend or non-legend, must be prescribed by a physician, or other practitioner qualified under State law. Applicable State and Federal law governing dispensing of drugs and biologicals must be followed. The prescribed use of the covered outpatient drug must be for a medically accepted indication as defined in Social Security Act § 1927 (k)(6).

TN No. 00-08  
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TN No. 96-04

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## 4.19 Payment for Medical and Remedial Care and Services

c. Services for Individuals with Speech, Hearing and Language Disorders

An upper limit is established using the relative value for the procedure published in the Health Care Consultants, Inc., Physicians Fee Guide for 1991 times a conversion factor of 7.5. Payment will not exceed the provider's customary charge for the service to the general public.

For services provided on and after 11-01-94, the following methodology will apply:

An upper limit is established using a resource-based relative value for the procedure times a conversion factor as determined by the type of service. The conversion factors were developed using utilization and payment level data for the defined service group. Payment will be lesser of the upper limit or the provider's customary charge for the service to the general public.

Augmentative/Alternative Communication Devices: reimbursement is based on 80% payment of invoice cost for purchase, and 90% payment of invoice cost on repairs.

d. Speech Therapy

An upper limit is established by procedure using a survey of Medicaid coverage conducted by the American Speech, Language, Hearing Association; Medicare upper limits published in the Federal Register 3/21/91; and data compiled from state providers by geographical regions.

12. a. Prescribed Drugs

Reimbursement for prescription drugs shall be the lower of the cost of the drug as defined in paragraphs A and B, plus a reasonable dispensing fee of \$3.90, or the usual and customary charges to the general public, including any sale price which may be in effect on the date of the service.

Reimbursement for program drugs is based on the following methodology:

- A. Multiple Source Drugs: The upper limit for reimbursement for all multiple source drugs listed in the Federal regulation at 42 CFR 447.332, and listed in the State Medicaid Manual, Part 6, will be the lower of the established specific upper.